

**AGENDA ITEM 3A**

**ANNUAL REQUEST FOR REIMBURSEMENT  
TO EMPLOYERS OF  
ELECTED BOARD MEMBERS**

**ATTACHMENT B**



## REQUEST FOR EMPLOYER REIMBURSEMENT FORM

NAME OF BOARD MEMBER: Priya Mathur

NAME OF STATE, SCHOOL, OR  
PUBLIC AGENCY EMPLOYER: San Francisco Bay Area Rapid Transit District

I request that the CALPERS' Board approve reimbursing my employer for the direct and reasonable costs of employing a replacement for me while I am fulfilling my responsibilities and duties as an elected CALPERS Board member.

The costs are itemized as follows:

- |  |                     |             |
|--|---------------------|-------------|
| 1. Replacement BART Employee Salary & Benefits | 04/01/05 - 06/30/05 | \$22,330.34 |
| 2. Replacement BART Employee Salary & Benefits | 07/01/05 - 03/31/06 | \$72,839.95 |

I therefore request that the Board approve reimbursement to my employer in the amount of \$95,170.29 to compensate my employer for the direct and reasonable costs of employing a replacement while I fulfill my responsibilities and duties as an elected CALPERS Board member.

  
Signature

March 1, 2006  
Date

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### EMPLOYER CERTIFICATION OF REIMBURSEMENT AMOUNT :

I hereby certify that I am an authorized representative for the employer of the CALPERS Board member named above. I acknowledge that by signing this form, I am Certifying that the amount of reimbursement requested constitutes the direct and reasonable costs incurred by the employer in replacing this Board member.

  
Signature of Employer Representative

1-26-06  
Date

Ed Pangilinan  
Name

Assistant Controller  
Title



**BOARD MEMBER EMPLOYING AGENCY  
COMPENSATION REIMBURSEMENT CALCULATION AND CERTIFICATION FORM**

**BOARD MEMBER NAME:**  
**EMPLOYING AGENCY:**  
**REIMBURSEMENT PERIOD :**  
**Invoice Date: 1/26/06**

**Ms. Priya Mathur**  
**Bay Area Rapid Transit District**  
**07/01/05 - 03/31/06**  
**Invoice Number: D-7659**

**CALCULATION OF EMPLOYING AGENCY REIMBURSEMENT FOR BOARD MEMBER COMPENSATION**

<b>MONTHLY SALARY</b>		<b>MONTHLY FRINGE BENEFITS</b> <small>(Provide detail below)</small>	*	<b>TOTAL MONTHLY COMPENSATION</b>
\$7,876.58	+	\$2,240.08	=	\$10,116.66

**DETAIL OF FRINGE BENEFIT EXPENSES**

Type of Benefit	Amount	% of salary if applicable
Health Insurance	\$365.38	N/A
Dental Insurance	\$157.31	N/A
Vision Insurance	\$15.92	N/A
Life Insurance	\$38.96	N/A
PERS Pension	\$1,237.96	15.717%
Medicare	\$114.21	1.45%
Worker's Compensation	\$283.56	3.600%
State Unemployment	\$26.78	0.34%
<b>Total</b>	<b>\$2,240.08</b>	

<b>MONTHLY BOARD MEMBER COMPENSATION ( INC. BENEFITS</b>	<b>REIMBURSEMENT PERCENTAGE 80%</b>	<b>TIME PERIOD Months</b>	<b>TOTAL REIMBURSEMENT AMOUNT</b>
\$10,116.66 X	0.80	9.00	\$72,839.95

<b>TOTAL APPROVED REIMBURSEMENT AMOUNT</b>	<b>PREVIOUS REIMBURSEMENT AMOUNT</b>	<b>BALANCE DUE</b>
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**EMPLOYER CERTIFICATION :**

**SIGNATURE:**   
**PRINT NAME :** Ed Pangilinan

**DATE:** 1-26-06  
**Title :** BART Assistant Controller



**BOARD MEMBER EMPLOYING AGENCY  
COMPENSATION REIMBURSEMENT CALCULATION AND CERTIFICATION FORM**

**BOARD MEMBER NAME:**  
**EMPLOYING AGENCY:**  
**REIMBURSEMENT PERIOD :**  
**Invoice Date: 1/26/06**

**Ms. Priya Mathur**  
**Bay Area Rapid Transit District**  
**04/01/05 - 06/30/05**  
**Invoice Number: D-7658**

**CALCULATION OF EMPLOYING AGENCY REIMBURSEMENT FOR BOARD MEMBER COMPENSATION**

<b>MONTHLY SALARY</b>		<b>MONTHLY FRINGE BENEFITS</b> <small>(Provide detail below)</small>	*	<b>TOTAL MONTHLY COMPENSATION</b>
\$7,841.14	+	\$1,463.17	=	\$9,304.31

**DETAIL OF FRINGE BENEFIT EXPENSES**

Type of Benefit	Amount	% of salary if applicable
Health Insurance	\$365.38	N/A
Dental Insurance	\$150.00	N/A
Vision Insurance	\$15.92	N/A
Life Insurance	\$38.96	N/A
PERS Pension	\$548.88	7.000%
Medicare	\$113.70	1.45%
Worker's Compensation	\$203.67	1.750%
State Unemployment	\$26.66	0.34%
<b>Total</b>	<b>\$1,463.17</b>	

**MONTHLY  
BOARD MEMBER  
COMPENSATION  
( INC. BENEFITS**

**REIMBURSEMENT  
PERCENTAGE  
80%**

**TIME  
PERIOD  
MONTHS**

**TOTAL  
REIMBURSEMENT  
AMOUNT**

\$9,304.31 X

0.80

3.00

\$22,330.34

**TOTAL APPROVED  
REIMBURSEMENT  
AMOUNT**

**PREVIOUS  
REIMBURSEMENT  
AMOUNT**

**BALANCE  
DUE**

**EMPLOYER CERTIFICATION :**

**SIGNATURE:**



**PRINT NAME :** Ed Pangilinan

**DATE:**

1-26-06

**Title :** BART Assistant Controller